

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Dietetic Association Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00143560

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

11

01

2009

through

11

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul A. Mifsud

Signature of Treasurer

Electronically Filed by Paul A. Mifsud

Date

01

28

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M M  
1 1D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
1 1D D  
3 0Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		47007.74
(b) Cash on Hand at Beginning of Reporting Period .....	71284.79	
(c) Total Receipts (from Line 19) .....	9884.05	320200.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81168.84	367207.86
7. Total Disbursements (from Line 31) .....	10774.08	296813.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	70394.76	70394.76
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2271.05	38382.31
(ii) Unitemized .....	7613.00	281817.81
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9884.05	320200.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9884.05	320200.12
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9884.05	320200.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9884.05	320200.12

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	744.08	143633.10	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	744.08	143633.10	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	153000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	30.00	180.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	30.00	180.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10774.08	296813.10	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10774.08	296813.10	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9884.05	320200.12
34. Total Contribution Refunds (from Line 28(d)) .....	30.00	180.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9854.05	320020.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	744.08	143633.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	744.08	143633.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary S. Gregory

Mailing Address 148 Cedar Knoll Dr

City

Mount Airy

State

NC

Zip Code

27030-7792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Center

Occupation  
Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 9

Transaction ID: A001DCBADBA0944ABA75

Amount of Each Receipt this Period

52.00

**B.**

Full Name (Last, First, Middle Initial)

Roberta J. Hamre

Mailing Address 450 Spring Ridge Dr

City

Roswell

State

GA

Zip Code

30076-2698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cdc

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AFCEB4AE0A62424F8B9D0

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kendra K. Kattelman

Mailing Address 623 Powderhorn Pass

City

Brookings

State

SD

Zip Code

57006-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sd State University

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AFB314CDA84CB40AC9D6

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

402.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy Rae Banda

Mailing Address 22960 Pavla Ct

City

Wildomar

State

CA

Zip Code

92595-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside County Reg Med  
CntrOccupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: A1326BA22B4E647699CA

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Toni Kuehneman

Mailing Address 1110 Hackney Dr

City

Papillion

State

NE

Zip Code

68046-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: A47F9C790CA56404EA07

Amount of Each Receipt this Period

52.00

**C.**

Full Name (Last, First, Middle Initial)

Carol M. Brunzell

Mailing Address 10035 Conrad Ave

City

Inver Grove Height

State

MN

Zip Code

55076-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Uni. Med CntrOccupation  
Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	9

Transaction ID: A1C23DA57FD5949F0A6E

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

252.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Multiple ADAPAC Donors

Mailing Address 1120 Connecticut Avenue, NW  
Suite 480

City State Zip Code  
Washington DC 20036-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unknown

Occupation  
Unknown

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AF214A224D40E433CBDE

Amount of Each Receipt this Period

232.05

Cash for Raffle at conference

**B.**

Full Name (Last, First, Middle Initial)

Karen T. Bellesky

Mailing Address Apt 906  
4000 N Charles St

City State Zip Code  
Baltimore MD 21218-1762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Chase Brexton

Occupation  
Registered Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A3B804DFC5FD74B3FB0E

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Tracy L. Wilczek

Mailing Address Apt 611  
3550 Washington St

City State Zip Code  
Hollywood FL 33021-8248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pritikin Longevity Center

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A3EC7F865B9F945A8BB3

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

422.05

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 9 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristen W. Schroeder

Mailing Address 19461 SE 322nd St

City

Kent

State

WA

Zip Code

98042-9712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Medical Cntr

Occupation

Director Of Nutrition Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A1C83C768137148A6BE2

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lisa Gibson

Mailing Address 11 Quebrada

City

Irvine

State

CA

Zip Code

92620-1867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A17A6C5BA7C4B4FD2B24

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ane Marie Kis-Duryea

Mailing Address PO Box 146

City

Ardmore

State

PA

Zip Code

19003-0146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AA6A867C7741B4494AE2

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

215.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City

Rocklin

State

CA

Zip Code

95765-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Ca, Davis

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: ABB1B42E18396485F880

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Cynthia A. Wolfram

Mailing Address 4507 Apollo St

City

Houston

State

TX

Zip Code

77018-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skilled Healthcare Llc

Occupation  
Director Of Dietary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: AB37ED4006ABA4C10AB1

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mary H. Hager

Mailing Address 1514 17th St Northwest  
#514

City

Washington

State

DC

Zip Code

20036-6225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Dietetic Associa-  
tion

Occupation  
Dir. Manager, Reg. Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A419214F84C7E401DA98

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ladonna Woerdeman

Mailing Address Apt 210

254 Northpointe Dr Ne

City

Cedar Rapids

State

IA

Zip Code

52402-6214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/a @ Present

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: A39D271168F9D47B8A11

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City

Rocklin

State

CA

Zip Code

95765-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Ca, Davis

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: A6118FD4621E245829F7

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary P. Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

Chair Of Dietetics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: A34157862C05F4D94A3F

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marti A. Johnson-Austin

Mailing Address Apt 311

5 Horizon Rd

City

Fort Lee

State

NJ

Zip Code

07024-6627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nutrition Matters

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: A259ACBFACF094504ADF

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

Roberta H. Anding

Mailing Address 50 Mott Ln

City

Houston

State

TX

Zip Code

77024-7315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor College Of Medicine

Occupation  
Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: A512861F99D2046C9BE6

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

2271.05

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement ADAPAC mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA1F814DA529042DE98D</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 336.00</p> <p>Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Dietetic Association</p> <p>Mailing Address 120 S. Riverside Plz Suite 2000</p> <p>City Chicago State IL Zip Code 60606-6995</p> <p>Purpose of Disbursement Duplicate Deposit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDBCC1CAC325C4B968D0</p> <p>Date of Disbursement 11 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 252.00</p> <p>Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Lucille Beseler</p> <p>Mailing Address Suite 108 5901 Colonial Dr</p> <p>City Margate State FL Zip Code 33063-5672</p> <p>Purpose of Disbursement Reimbursement for Board meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1486101BEECD4087BB6</p> <p>Date of Disbursement 11 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 156.08</p> <p>Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

744.08

**TOTAL** This Period (last page this line number only) .....

744.08

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Dietetic Association Political Action Committee

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 17

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Congresswoman Diana DeGette

Mailing Address DIANA DEGETTE FOR CONGRESS INC  
P.O. Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement  
Rep. Diana DeGette [D-CO]

Candidate Name  
Rep. Diana DeGette

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 01

**Transaction ID:** BF04632967BCF4319820

Date of Disbursement

11 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Congressman Tim F. Murphy

Mailing Address Murphy for Congress  
46 Ordale Rd

City Pittsburgh State PA Zip Code 15228

Purpose of Disbursement  
Rep. Tim Murphy[R-PA-18]

Candidate Name  
Rep. Tim F. Murphy

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 18

**Transaction ID:** BA7D72A6FA6B24BDF850

Date of Disbursement

11 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Harry Reid

Mailing Address 528 Hart Senate Ofc BUILDING

City Washington State DC Zip Code 20510-0001

Purpose of Disbursement  
Sen. Harry Reid [D-NV]

Candidate Name  
Sen. Harry Reid

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District:

**Transaction ID:** B86B310CC80614902A50

Date of Disbursement

11 / 14 / 2009

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wasserman Schultz for Congress

Mailing Address 1017 Twin Branch Lane

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement

Rep. Debbie Wasserman Schultz [D-FL]

Candidate Name

Rep. Debbie Wasserman Schultz

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: FL

District: 20

Disbursement For:

2010

☐

Primary

☒

General

☐

Other (specify) ▼

Transaction ID: B9149C18E3E364766B2E

Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

10000.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Judy Kay Flohr

Mailing Address 233 Old Enfield Rd

City State Zip Code  
Belchertown MA 01007-9686

Purpose of Disbursement  
Reimbursement for contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B1B77E153425549C6AFD

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional) .....

30.00

TOTAL This Period (last page this line number only) .....

30.00